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	Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No 1545-0687		
Departi nterna	For calendar year 2011 or other tax year beginning 07/01/11, and ending 06/30/12. ► See separate instructions.							•		en to Public Inspection for (c)(3) Organizations Only
A [Check box if address changed		Name of organization	(Check box if name char	iged and se	e instructions)	1	D Employer i		ation number
	xempt under section							(Employees'	trust, se	e instructions)
3	, 'C1 '	Print		MUNITY SERVI		INC.		0.5 0.	^ - 4	F 4 0
}	408(e) 220(e)	or	i	suite no If a P O box, see instruct	tions			06-0	-	
	408A 530(a)	Туре	PO BOX 100					1		ss activity codes
<u> </u>	529(a)		City or town, state, and ZIF MIDDLETOWN		СTP	06457		(See instruction		
	ook value of all assets end of year	F G	roup exemption numbe			00437		3311		
	· ·		heck organization type		ration	501	(c) trust	401(a) trus	• [Other trust
H C	escribe the organization				3141011		10/11031	401(0) 1103		Other trust
	SEE STATEM		1	, our vity						
			oration a subsidiary in a	an affiliated group or a pa	rent-sub	sidiary conti	rolled group?			Yes X No
	"Yes," enter the name a	•	•				J. 1			
•	•		.,							
J T	he books are in care of	▶ C	HRISTINE LE	IBY			Telepi	hone number >	8	60-343-5300
Pa	rt I Unrelated	Trade	or Business Inc	ome		(A) In	come	(B) Expenses		(C) Net
1a	Gross receipts or sales	;						•		
b	Less returns and allow	ances		c Balance	1c		·			- ,
<u>~2</u>	Cost of goods sold (Sc	hedule A	I, line 7)		2			4674		
<u> </u>	Gross profit Subtract li	ine 2 froi	m line 1c		3		,	e se come		
4a	Capital gain net income	e (attach	Schedule D)		4a			And State	•	
b	Net gain (loss) (Form 4	1797, Pa	rt II, line 17) (attach For	m 4797)	4b			· * · · · · · · · · · · · · · · · · · ·	٠, ٠-	
. c	Capital loss deduction	for trusts	;		4c					-
5 5	Income (loss) from partnerships	and S corp	orations (attach statement)		_ 5					7
6	Rent income (Schedule	e C)			6					
6 7 8 9	Unrelated debt-finance	d incom	e (Schedule E)		7					
8	Interest, annuities, royaltie		•	, ,	8					
9	Investment income of a se			tion (Schedule G)	9					
10	Exploited exempt activ				10					
11	Advertising income (So		•	ann aman a	11		00 776			100 == 1
12	Other income (See ins		•	SEE STMT 2	12		28,776	<u> </u>		128,776
13 Da	Total. Combine lines 3			/Coo instructions	13		128,776	a) /Evannt fo		128,776
F 6				 (See instructions for the control of t				s.) (Except it	JI CO	nunoutions,
14			ctors, and trustees (Sch	D D	ed bus	3 '44 #/ ~	nue.)	<u>-</u>	14	
15	Salaries and wages	ers, airec	aors, and trustees (Sch	edule K)	<u> </u>	7 7 7 4	4		15	
16	Repairs and maintenar	nce		اً ديمس ا			· (3	ŀ	16	11,209
17	Bad debts	100			$H\!\!\!/\!\!\!/ F$	8 9 266	3 3		17	22,203
	Interest (attach schedu	ıle)			5 77 m .	SEE !	STATEME	емт з	18	23,653
	Taxes and licenses	,		frank	- 12 AZ	SEE			19	20,000
18	Taxes and licenses			2.,			~ } ×- / /		20	
18 19		s (See ir	nstructions for limitation	rules)	وتخب معملاته		**			
18		-	nstructions for limitation 2)	rules)	. ئۈرپ (مىلما اسم		21	21,720	20	
18 19 20	Charitable contribution Depreciation (attach Fe	orm 456			. ئۈپ، مىملامى	ļ.		21,720	22b	21.720
18 19 20 21	Charitable contribution Depreciation (attach Fe	orm 456	2)		ر کویہ انہوں	ļ.	21	21,720		21,720
18 19 20 21 22	Charitable contribution Depreciation (attach Fo	orm 456 med on S	2) Schedule A and elsewho		ر کی۔ انتخار	ļ.	21	21,720	22b	21,720
18 19 20 21 22 23	Charitable contribution Depreciation (attach Foliage Less depreciation clair Depletion	orm 456 med on S ed comp	2) Schedule A and elsewho			ļ.	21	21,720	22b 23	21,720
18 19 20 21 22 23	Charitable contribution Depreciation (attach Fo Less depreciation clair Depletion Contributions to deferr	orm 456 med on 5 ed comp grams	2) Schedule A and elsewho pensation plans		1 hazi 1.25.	ļ.	21	21,720	22b 23 24	21,720
18 19 20 21 22 23 24 25	Charitable contribution Depreciation (attach Fo Less depreciation clair Depletion Contributions to deferr Employee benefit prog	orm 456 med on S ed comp grams ses (Sch	2) Schedule A and elsewho pensation plans nedule I)		or been now.	ļ.	21	21,720	22b 23 24 25	21,720
18 19 20 21 22 23 24 25 26	Charitable contribution Depreciation (attach For Less depreciation clair Depletion Contributions to deferr Employee benefit prog Excess exempt expens	orm 456 med on 5 ed comp prams ses (Sche	2) Schedule A and elsewhonensation plans medule I) edule J)		or back and		21		22b 23 24 25 26	
18 19 20 21 22 23 24 25 26	Charitable contribution Depreciation (attach For Less depreciation clair Depletion Contributions to deferr Employee benefit prog Excess exempt expensions	orm 456 med on 5 med comp grams ses (Sch sts (Sch ch schei	2) Schedule A and elsewhor pensation plans medule I) edule J) dule)		, کی به استان ا		21 22a		22b 23 24 25 26 27	44,892
18 19 20 21 22 23 24 25 26 27	Charitable contribution Depreciation (attach For Less depreciation claim Depletion Contributions to deferm Employee benefit programmers excess exempt expensive excess readership cost Other deductions (attail deductions. Additional deductions. Additional Description of the deductions. Additional Description of the deductions. Additional Description of the deductions.	orm 456 med on S ed comp prams ses (Sche sts (Sche ch sche d lines 1	2) Schedule A and elsewhor pensation plans nedule I) edule J) dule) 4 through 28			SEE :	21 22a STATEME		22b 23 24 25 26 27 28	44,892 101,474
18 19 20 21 22 23 24 25 26 27 28	Charitable contribution Depreciation (attach For Less depreciation clair Depletion Contributions to deferr Employee benefit progresses exempt expenses readership cos Other deductions (atta Total deductions. Ad Unrelated business tax	ed comp rams ses (Schech schech ch schech d lines 1	2) Schedule A and elsewhor pensation plans nedule I) edule J) dule) 4 through 28	ere on return ng loss deduction. Subtra		SEE :	21 22a STATEME		22b 23 24 25 26 27 28 29	44,892 101,474
18 19 20 21 22 23 24 25 26 27 28 29	Charitable contribution Depreciation (attach For Less depreciation clair Depletion Contributions to deferr Employee benefit progresses exempt expension Excess readership cost Other deductions (attated to the contributions) Total deductions. Add Unrelated business taxt Net operating loss deductions.	orm 456 med on 5 med comp prams ses (Sch sts (Sche ch schee d lines 1 kable inc luction (I	2) Schedule A and elsewhorensation plans medule I) edule J) dule) 4 through 28 come before net operationited to the amount on	ere on return ng loss deduction. Subtra	act line 29	SEE :	21 22a STATEME		22b 23 24 25 26 27 28 29 30	44,892 101,474 27,302
18 19 20 21 22 23 24 25 26 27 28 29 30	Charitable contribution Depreciation (attach For Less depreciation clair Depletion Contributions to deferr Employee benefit prog Excess exempt expension Excess readership cos Other deductions (atta Total deductions. Ad Unrelated business tax Net operating loss ded Unrelated business tax	ed comp rams ses (Schech sched d lines 1 kable incluction (I kable inclusted	2) Schedule A and elsewhorensation plans medule I) edule J) dule) 4 through 28 come before net operation in the amount on the come before specific decome before specific decome before specific decome before and elsewhorense before specific decome specific dec	ere on return ng loss deduction. Subtra i line 30)	act line 29	SEE :	21 22a STATEME		22b 23 24 25 26 27 28 29 30 31	44,892 101,474 27,302 27,302
18 19 20 21 22 23 24 25 26 27 28 29 30 31	Charitable contribution Depreciation (attach For Less depreciation clair Depletion Contributions to deferr Employee benefit prog Excess exempt expension Excess readership cost Other deductions (attat Total deductions. Ad Unrelated business taxt Net operating loss ded Unrelated business taxt Specific deduction (Get	ed comp rams ses (Sche ch scher d lines 1 kable inc luction (I kable incenerally \$	2) Schedule A and elsewhere sensation plans medule I) edule J) dule) 4 through 28 come before net operation in the distribution of the amount on the come before specific deception.	ng loss deduction. Subtra I line 30) duction Subtract line 31 (act line 29 from line s)	SEE 39 from line 1	21 22a STATEME		22b 23 24 25 26 27 28 29 30 31 32	44,892 101,474 27,302 27,302
18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	Charitable contribution Depreciation (attach For Less depreciation clair Depletion Contributions to deferr Employee benefit prog Excess exempt expension Excess readership cost Other deductions (attat Total deductions. Ad Unrelated business taxt Net operating loss ded Unrelated business taxt Specific deduction (Get	ed comparams ses (Sche ch scheid lines 1 kable inc luction (I kable inc enerally \$ taxable	2) Schedule A and elsewhorensation plans medule I) edule J) dule) 4 through 28 come before net operation inited to the amount on come before specific decembers. Subtract line 33 income. Subtract line 3	ng loss deduction. Subtra I line 30) duction Subtract line 31 instructions for exception	act line 29 from line s)	SEE 39 from line 1	21 22a STATEME		22b 23 24 25 26 27 28 29 30 31 32	21,720 44,892 101,474 27,302 1,000 26,302 / Form 990-T (201)

, 440 S orm	990-T (2011) ' GILEAD COMMUNITY SERVICES, INC.	06-	-0851549				D	?
	art III Tax Computation				·		P6	age 2
35	Organizations Taxable as Corporations.See instructions for tax computation. Control	olled aroup	 					
	members (sections 1561 and 1563) check here ▶ See instructions and	3. 4-P			}			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in t	that order)			•			
	(1) \[\\$ \] (2) \[\\$ \] (3) \[\\$;			
ь	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	9	5					
	(2) Additional 3% tax (not more than \$100,000)	9	<u> </u>					
С	Income tax on the amount on line 34	<u>_</u>		•	35c		3,9	945
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				- ,			
	the amount on line 34 from Tax rate schedule or Schedule D (Form	1041)		•	36			
37	Proxy tax. See instructions	ŕ		•	37			
38	Alternative minimum tax				38			
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies				39		3,9	945
Pa	art IV Tax and Payments							
40a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a						
b	Other credits (see instructions)	40b			-			
С	General business credit Attach Form 3800 (see instructions)	40c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d						
е	Total credits. Add lines 40a through 40d				40e			
41	Subtract line 40e from line 39				41		3,9	<u>945</u>
42	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other			42			
43	Total tax. Add lines 41 and 42				43		3,9	945
44a	Payments A 2010 overpayment credited to 2011	44a			3			
b	2011 estimated tax payments	44b	3,0					
С	Tax deposited with Form 8868	44c	1,6	<u>00</u>	10 m			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d	<u>.</u>					
е	Backup withholding (see instructions)	44e			. ,			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f						
g	Other credits and payments Form 2439				,			
	Form 4136 Other Total ▶	44g						~~~
45	Total payments. Add lines 44a through 44g		_		45		4,	<u>600</u>
46	Estimated tax penalty (see instructions) Check if Form 2220 is attached		•	X	46			45
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed				47			<u>-10</u>
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpa			•	48			<u>610</u>
49	Enter the amount of line 48 you want Credited to 2012 estimated tax	610	Refunded	<u> </u>	49			
	art V Statements Regarding Certain Activities and Other Inform						T T	
1	At any time during the 2011 calendar year, did the organization have an interest in or a signature or or account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Fo	•					Yes	No
	Bank and Financial Accounts If YES, enter the name of the foreign country here	1111 I D F 90-22	z i, Report of Foreign					x
2	During the tax year, did the organization receive a distribution from, or was it the granto	r of or tropo	foror to a foreign tr	uct2			\vdash	$\frac{\mathbf{x}}{\mathbf{x}}$
2	If YES, see instructions for other forms the organization may have to file.	i oi, or trains	neior to, a foreign ti	ustr			\vdash	
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$						
		<u> </u>					<u> </u>	<u> </u>
1	Inventory at beginning of year 1 6 Inventory at e				6			
2		-	tract line 6 from					***************************************
3	Cost of labor 3 line 5 Enter h				7			
4a	Additional sec 263A 4a 8 Do the rules of		3A (with respect to		L		Yes	No
b	Other costs 4h property produ		uired for resale) app	lv			1	
5	(attach schedule) Total. Add lines 1 through 4b 5 to the organiz	•	u o u. v.	.,			1 1	ĺ
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	nents, and to the		belief,	it is true.			
Sig	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	as any knowledge	e			May the IRS	discuss this	s return
He	re ► EXECUTIVE I	חדם ביריתי	ΩP			with the prepa (see instruction	arer shown ons)?	below
	Signature of office Date Title	DIRECT	OK			L	'es	No
	Print/Type preparer's name CHRISTOPHER B. CONLEY	Date			Π.	PTIN		
Pai			/12/12	heck elf-em	if loyed	P009	3655	2
	parer Firm's name > GUILMARTIN, DIPIRO & SOKOLOW		LC		irm's EIN	. 00		
	e Only Firm's address > 505 MAIN ST				hone no	860-34		
	MIDDLETOWN, CT 06457-2809			نبا				
			···					

				ES, INC.		06-08515			Page
ichedule C – Rent Income	(From Re	al Property	and P	ersonal Property	Leas	sed With Rea	al Property)		
(see instructions)									
Description of property N/A									
)									
· · · · · · · · · · · · · · · · · · ·	· ··								· · · · · · · · · · · · · · · · · · ·
	2. Re	nt received or accr	ued				 -		
(a) From personal property (if the p	ercentage of rent		(b) Fron	n real and personal property	(if the		3(a) Deductions dire	ectly connec	ited with the income
for personal property is more that	n 10% but not			of rent for personal property			in columns 2(a)		
more than 50%)			50% or if	the rent is based on profit or	income)				
·									
				·					
tal		Total		-		(b) To	tal deductions.		
Total income. Add totals of col		d 2(b) Enter					nere and on page		
re and on page 1, Part I, line 6,			-,			Part I,	line 6, column (B)	>	
chedule E – Unrelated Do	ept-Financ	<u>ea income</u>	(see ir	istructions)					
				2 Gross income from or		;	3 Deductions direct debt-financed p	-	d with or allocable to
1. Description of debt-fit	nanced property			allocable to debt-financed		4-1 01			
				property		(a) Straight line depreciatio (attach schedule)			o) Other deductions (attach schedule)
N/A									
		•							
									~~~······
·				<del></del>					
4 Amount of average		djusted basis		6 Column				8	Allocable deductions
acquisition debt on or allocable to debt-financed	of or allo	cable to ed property	rty 4 divided		7 Gross incor (column 2 x		(column 6 x total of columns		
property (attach schedule)		chedule)		by column 5		(column 2 x	Column 6)	3(a) and 3(b))	
)		<del></del>	%						
	·				%				·
'					%				
)					%		<del> </del>		<del></del>
						Enter here and Part I, line 7, o	d on page 1,	Enter h	ere and on page 1, line 7, column (B).
						raiti, iiie 7, t	Journa (A)	raili, i	ine 7, column (b).
otals	.411					L			<del></del>
otal dividends-received deduc chedule F – Interest, Anı			d Bonto	From Controllo	4 0		/aaa inatmusti		
chedule i – interest, Am	iuities, ito	yaities, aiit	i Kents	Exempt Controlle			(see instructi	ons	<del>.</del>
1 Name of controlled		2. Employ	ver .		T	<del></del>			
organization		identification i	number	3 Net unrelated income (loss) (see instructions)	1	Total of specified payments made	5 Part of column included in the column		6 Deductions directly connected with income
				(, (,	1	,	organization's g		ın column 5
N/A								***********	
1									
)									-
)									
onexempt Controlled Organ	izations	<del></del>							
		8 Net unrela	ted income	9 Total of specifi	ad	10 Part of co	lumn 9 that is	11	. Deductions directly
7 Taxable Income		(loss) (see		payments mad		included in th	•	ı	nected with income in
<del> </del>	<del></del>					organization's	gross income	ļ	column 10
)	<del></del>							ļ <u>.</u>	
· · · · · · · · · · · · · · · · · · ·									
<u> </u>			<del>.</del>					<u> </u>	<del></del>
<u> </u>						Add and	- 10	<u> </u>	
						Add columns 5 an Enter here and on	page 1,		mns 6 and 11 re and on page 1,
						Part 1, line 8, colur	nn (A)		e 8, column (B)

**Totals** 

Form 990-T (2011) GILEAD COMMUNITY SERVICES, INC. 06-0851549
Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

	<del> </del>					_			
1 Description of Income				3 Deductions					5 Total deductions
1. Description of income		2 Amount o	fincome	directly connected (attach schedule)			4. Set-asides (attach schedule)		ind set-asides (col. 3 plus col.4)
(1) N/A				(allaci) screed	(Billion Screens)		(attach schedule)		——————————————————————————————————————
(1) <b>N/A</b>									
(2)									<del></del>
(3)							<del></del>		·
(4)						<u> </u>	<del></del>		<del></del>
		nter here and							er here and on page 1,
	,   F	art I, line 9, co	olumn (A)					Par	t I, line 9, column (B)
Totals	<u> </u>	011						l	
Schedule I - Exploited Exem	ipt Activity Inco	ome, Oth	<u>er Inan</u>		ome	(see instru	ctions)		
	2 Gross	3 Exp	2000	4 Net income (loss) from					7 Excess exempt
	unrelated	dire		unrelated trade or	5 Gr	oss income	6 Exper	ses	expenses
1 Description of exploited activity	business income	connect		business (column)	1	activity that	attributat		(column 6 minus
	from trade or	produc		2 minus column 3) If a gain,	1	ot unrelated ness income	column	15	column 5 but not more than
	business	business		compute cols 5	555	1000 111001110			column 4)
		<b>.</b>		through 7			ļ		
(1) N/A							ļ		
(2)									
(3)		ļ							
(4)							<u> </u>		
	Enter here and on	Enter her			•				Enter here and
	page 1, Part I,	page 1.		,					on page 1, Part II, line 26
	line 10, col (A)	line 10,	COI (B)	r ,					Fart II, line 26
Totals •	<u> </u>	<u> </u>		=	• •		i		
Schedule J - Advertising In									
Part I Income From P	eriodicals Repo	orted on a	Conso	lidated Basis	T				<del>r ·</del>
	2 Gross			4 Advertising					7 Excess readership
1 Name of periodical	advertising	3 D	rect	gain or (loss) (col 2 minus col 3) If	5 Circulation		6 Readership		costs (column 6 minus column 5, but
1 Name of periodical	ıncome	advertising co		a gain, compute		income co		5	not more than
				cols 5 through 7					column 4)
(1) <b>N/A</b>					ļ		ļ		
(2)			<del></del>		<u> </u>				
(3)		<u> </u>		' '	<u> </u>		<u> </u>		
(4)		ļ			<u> </u>		ļ		
Totals (carry to Part II, line (5))	L	<u> </u>		<u> </u>	J				<u> </u>
Part II Income From P	•		a Separa	<b>ate Basis</b> (For e	each p	eriodical li	sted in Pa	rt II, fill	in columns
2 through 7 on a	line-by-line bas	is.)			<b>,</b>		<del>,</del>	<u></u>	
(1) <b>N/A</b>							ļ		
(2)		ļ							
(3)	ļ	4			<u> </u>				
(4)		4	·				L		
(5) Totals from Part I		<del></del>	···	77		•	`		
	Enter here and on		re and on			•	; · ·	-	Enter here and
	page 1, Part I,	page 1				-	fs.		on page 1,
	line 11, col (A)	line 11,	(a) (b)	The state of the s			رون د ماهم	. The second	Part II, line 27
Totals, Part II (lines 1-5)	<u></u>					*****	ሰንነት ነώ።	·	
Schedule K - Compensation	n of Officers, D	irectors,	and Tru	stees (see instru	uctions)	)			
1 Nom	•			2 T.W.			Percent of	4 Com	pensation attributable to
1 Nam				2. Title			e devoted to business		nrelated business
(1) N/A							%		
(2)							%		
(3)							%		
(4)				· · · · · · · · · · · · · · · · · · ·			%		<del></del>
Total. Enter here and on page 1, Par	rt II, line 14						<b>•</b>		<del></del>
	<del></del>								

440 GILEAD COMMUNITY SERVICES, INC.

06-0851549

**Federal Statements** 

FYE: 6/30/2012

#### Statement 1 - Form 990-T - Primary Unrelated Business Activity

#### Description

RENT FACILITY TO THE STATE OF CONNECTICUT JUVENILE COURT SYSTEM

### Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Des	cription	 Amount
230 MAIN ST. EXT.		\$ 128,776
TOTAL	•	\$ 128,776

### Statement 3 - Form 990-T, Part II, Line 18 - Interest

D	escription		Amount
230 MAIN ST. EXT.		 \$	23,653
TOTAL		\$_	23,653

## Statement 4 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
SALARIES STATE/TOWN FEES AND TAXES	\$ 14,000 9,749
TELEPHONE ELECTRICITY INSURANCE	731 8,654 7,038
UTILITIES	4,720
TOTAL	\$ 44,892

Application for Extension of Time To File an **Exempt Organization Return** 

epartment of the T		▶ File	a separate a	pplication for each return.				
If you are fi	ling for an Aut	omatic 3-Month Extension, comple	te only Part I	and check this box		<b>•</b>		
If you are fi	ling for an Add	ditional (Not Automatic) 3-Month Ex	ktension, con	nplete only Part (bn page 2 of this form	n).	_		
o not compl	ete Part II uni	essyou have already been granted an	automatic 3-m	nonth extension on a previously filed Fo	rm 8868.			
Electronic fili	ng (e-file).You	a can electronically file Form 8868 if yo	u need a 3-mo	onth automatic extension of time to file (	6 months for			
corporation re	equired to file f	Form 990-T), or an additional (not auto	matic) 3-month	n extension of time. You can electronica	illy file Form			
3868 to reques	t an extension	of time to file any of the forms listed in	Part I or Part	II with the exception of Form 8870, Infoi	rmation			
Return for Tran	isfers Associat	ed With Certain Personal Benefit Cont	racts, which m	oust be sent to the IRS in paper format (	see			
nstructions) F	or more details	s on the electronic filing of this form, vis	sit www.irs.gov	/efile and click on e-file for Charities & f	Nonprofits.			
Part I	Automatic	c 3-Month Extension of Time.	Only subn	nit original (no copies needed).				
A corporation r	equired to file	Form 990-T and requesting an automa	tic 6-month ex	tension-check this box and complete		_		
Part I only						<b>▶</b> 🛚		
All other corpor	rations (includi	ng 1120-C filers), partnerships, REMIC	s, and trusts r	must use Form 7004 to request an exter	nsion of time			
o file income ta	ex returns.							
				Enter filer	's identifying nur	mber, see instructio		
Type or	Name of exe	empt organization or other filer, see ins	tructions		Employer identifi	ication number (EIN) or		
print								
tle by the		COMMUNITY SERVICE	X 06-085					
due date for iling your		eet, and room or suite no If a P.O. box		ons.	Social security n	umber (SSN)		
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions.  MIDDLETOWN CT 06457							
Enter the Retu		return that this application is for (file a				0		
		- Total and the application to tell (in a		·				
Application	1		Return	Application		Return		
Is For			Code	ls For		Code		
_Form 990		<del></del>	01	Form 990-T (corporation)		07		
Form 990-BI			02	Form 1041-A	·	08		
Form 990-E	***		01	Form 4720		09		
Form 990-PI		- 409(a) trust)	04 05	Form 5227		10		
	(sec 401(a) o		06	Form 6069 Form 8870		11		
F01111 990-1	(trust other tha	CHRISTINE LEIBY	1 00	FOIII 8870				
		222 MAIN ST. EXT						
• The books a	are in the care of	▶ MIDDLETOWN			c	T 06457		
Talanhana	No <b>&gt;</b> 86	50-343-5300	FAX No					
•		not have an office or place of business				▶ □		
•		urn, enter the organization's four digit (			f this is			
	roup, check th			· · · · · · · · · · · · · · · · · · ·				
		Ns of all members the extension is for	3, 1 ap, 1	and and	2011			
1   reques	t an automatic	3-month (6 months for a corporation r		Form 990-T) extension of time anization named above. The extension is				
	organization's i	· =	unition the oly	SINEGROUP HOMEO ODOVE THE EXCENSION I	3			
▶ □	calendar year							
- 1 1								

 $\blacktriangleright$  X tax year beginning 07/01/11 , and ending 06/30/12 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 4,600 If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3,000 estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using 1,600 EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2012)